



CITY OF DUBLIN

Land Use and
Long Range Planning
5800 Shier-Rings Road
Dublin, Ohio 43016-1236

Phone/ TDD: 614-410-4600
Fax: 614-410-4747
Web Site: www.dublin.oh.us

February 2009

BOARD OF ZONING APPEALS APPLICATION

(Code Section 153.231)

I. PLEASE CHECK THE TYPE OF APPLICATION:

- ☐ Administrative Appeal (Code Section 153.231)
☐ Administrative ☐ Stream Corridor Protection Zone
☐ Building Construction
- ☐ Special Permit (Code Section 153.090)
☐ List Special Permit Type _____
- ☐ Variance (Code Section 153.231)
☐ Non-Use (area) Variance
☐ Use Variance
- ☐ Other (Please Specify): _____

Case # 13-1100.

II. PROPERTY INFORMATION: This section must be completed.

Property Address(es): 9162 Moors Place N

Tax ID/Parcel Number(s):

273-002533

Parcel Size(s) (Acres):

approx 50' x 120'

Existing Land Use/Development: SF residential

IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING:

Proposed Land Use/Development:

SF residential

III. CURRENT PROPERTY OWNER(S): Please attach additional sheets if needed.

Name (Individual or Organization): Altaf Shaik

Mailing Address:
(Street, City, State, Zip Code) 5753 Zachariah Way, Dublin OH 43017

Daytime Telephone: 614 213-8176

Fax:

Email or Alternate Contact Information: 614 900-8066

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III. Please complete if applicable.

Name: Eric Ward

Applicant is also property owner: yes ☐ no ☒

Organization (Owner, Developer, Contractor, etc.): Tuscan Group, Ltd.

Mailing Address:
(Street, City, State, Zip Code) 7075 Riverside Dr, Dublin OH 43016

Daytime Telephone: 614 216-3828

Fax: 614 799-9828

Email or Alternate Contact Information: MASA9999@YAHOO.COM

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V. REPRESENTATIVE(S) OF APPLICANT / PROPERTY OWNER: This is the person(s) who is submitting the application on behalf of the applicant listed in part IV or property owner listed in part III. Please complete if applicable.

Name:	
Organization (Owner, Developer, Contractor, etc.):	
Mailing Address: (Street, City, State, Zip Code)	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

VI. AUTHORIZATION FOR OWNER'S APPLICANT or REPRESENTATIVE(S): If the applicant is not the property owner, this section must be completed and notarized.

I, <u>ALTAF SHAIK</u> , the owner, hereby authorize Eric Ward of Tuscan Group, Ltd. _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner: <u>[Signature]</u>	Date: <u>10/28/2013</u>

☐ Check this box if the Authorization for Owner's Applicant or Representative(s) is attached as a separate document

Subscribed and sworn before me this 28 day of October, 2013

State of OH

County of Franklin

Notary Public

Cassi Kimbrough



CASSI KIMBROUGH
Notary Public, State of Ohio
My Commission Expires Jan 14, 2014

VII. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit, photograph and post a notice on the property described in this application.

I, <u>ERIC WARD</u> , the owner or authorized representative, hereby authorize City representatives to visit, photograph and post a notice on the property described in this application.	
Signature of applicant or authorized representative: <u>[Signature]</u>	Date: <u>10.28.13</u>

VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for rezoning by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

I, <u>ERIC WARD</u> , the owner or authorized representative, acknowledge that approval of this request does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.	
Signature of applicant or authorized representative: <u>[Signature]</u>	Date: <u>10.28.13</u>

IX. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, ERIC WANG, the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Signature of applicant or authorized representative: [Signature]

Date: 10-29-13

Subscribed and sworn to before me this 29 day of OCTOBER, 20 13

State of Ohio

County of Franklin

Notary Public: [Signature]



NOTE: THE OWNER, OR NOTED REPRESENTATIVE IF APPLICABLE, WILL RECEIVE A FACSIMILE CONFIRMING RECEIPT OF THIS APPLICATION

FOR OFFICE USE ONLY			
Amount Received: <u>\$100⁰⁰</u>	Application No: <u>13-110V</u>	BZA Date(s): <u>11/20/13</u>	BZA Action:
Receipt No:	Map Zone:	Date Received: <u>10/29/13</u>	Received By:
Type of Request: <u>Variance to Section 153.190(4)(c)</u>			
N, S, E, W (Circle) Side of: <u>Moss Place, N</u>			
N, S, E, W (Circle) Side of Nearest Intersection: <u>w/ Moss Place W</u>			
Distance from Nearest Intersection: <u>1080 ft</u>			
Existing Zoning District: <u>PdD Mansfield</u>			